



# Plumbing Permit Application

**Permit Number** \_\_\_\_\_  
(Assigned by Village Personnel)

Village of Hobart  
Dept of Neighborhood Services  
2990 S Pine Tree Rd  
Hobart WI 54155  
Phone: (920) 869-3809  
Fax (920) 869-2048

**Project Address** \_\_\_\_\_ **Parcel Number** \_\_\_\_\_

**Applicant is the:**       Owner      OR       Contractor

**Use Category:**    Single Family    Duplex    Multi-Family    Commercial    Industrial    Agricultural

Owner's Name:		Mailing Address:	Tel:
e-mail:			Fax:
			Mobile:
Plumbing Contractor Name:	Lic#	Mailing Address:	Tel:
e-mail:			Fax:
			Mobile:

**Description of work being performed:** \_\_\_\_\_

**Number of Fixtures:**

Bathtub	Sump Pump	Plaster Sink	Roof Drain
Shower	San. Sump Pump	Scullery Sink	Soda Dispenser
Whirlpool	Water Softener	Service Sink	Coffee Maker
Lavatory	Standpipe	Shampoo Sink	Site Drain
Toilet	Garage Floor Drain	Surgeons Sink	Wait Station Sink
Kitchen Sink	Local Waste	Sterilizer	Ice Chest
Disposal	Bar Sink	RPZ Valve	Commercial Ice Maker
Dishwasher	Breakroom Sink	Bidet	Interior Grease Trap
Floor Drain	Classroom Sink	Urinal	Exterior Grease Trap
Hose Bibb	Exam Sink	Beer Tap	Eye Wash Station
Water Heater	Prep Sink	Drinking Fountain	Water/Sewer Meter
Gas Elec	Hand Sink	Wash Fountain	Water Usage Meter
Clothes Washer	Floor Sink	Dipper Well	Deduct Meter
Laundry Tray	Lab Sink	Catch Basin	Misc Fixtures

**Water / Sewer Laterals**

Type	Size	Material	Quantity
Sanitary			
Storm			
Water			

**Total Value of Project \$** \_\_\_\_\_ (Value of materials & labor is required to ensure consistency in assessing permit fees.)

Master Plumber \_\_\_\_\_ Credential Number \_\_\_\_\_

*I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.*

Applicant Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_